PART B - FEE(S) TRANSMITTAL

the and send the form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further con indicated unless corrected maintenance fee notification	respondence including the l below or directed otherwise is.	Patent, advance order in Block I, by (a)	ers and notifi specifying a	cation new co	of maintenance fees vorrespondence address;	vill be mailed to the current and/or (b) indicating a sepa	correspondence address as trate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
	90 03/08/2006				Cer	tificate of Mailing or Trans	mission	
EDELL, SHAPIRO & FINNAN, LLC 1901 RESEARCH BOULEVARD SUITE 400					I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
ROCKVILLE, ME	20850						(Depositor's name)	
							(Signature)	
				Į			(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN			TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/660,768 09/12/2003 Howard Scott Forstrom 0918.0152C 5775 TITLE OF INVENTION: ADAPTIVE SOFTWARE MANAGEMENT								
APPLN. TYPE	SMALL ENTITY	ISSUE FEI	E	PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$0		\$0	\$1400	06/08/2006	
EXAM	EXAMINER ART UN		г	CLASS-SUBCLASS				
VON BUH	R, MARIA N	2125			700-028000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Edell, Shapiro & F (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the data will appear on the patent.								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) ITT Manufacturing Enterprises, Inc. Wilmington, Delaware Please check the appropriate assignee category or categories (will not be printed on the patent):								
4a. The following fee(s) are Issue Fee Publication Fee (No s Advance Order - # o	4b. [ed)	b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 05-0460 (enclose an extra copy of this form).						
press.	(from status indicated above MALL ENTITY status. See :	·	□ L A		la manalainaina CNAA	LI CHITITY C. 22.0	ED 1 227 3/23	
The Director of the USPTO NOTE: The Issue Fee and P		ue Fee and Publication	on Fee (if any from anyone			LL ENTITY status. See 37 C y paid issue fee to the applica stered attorney or agent; or the		
Authorized Signature	O. Onde	Hon	———		06/01// Date 01 FC:	2006 MBEYEHER 0008014	3-18669768 1499.99 OP	
Typed or printed name _	D. Andrew F	loam			Registration 1	100134,597	18.00 OP	
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.								

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



 Appl. No.
 : 10/660,768

 Applicant
 : Forstrom et al.

 Filed
 : September 12, 2003

 TC/A.U.
 : 2125

Examiner : Von Buhr, Marian

Confirmation No. : 5775

Docket No. : 0918.0152C Customer No. : 27896

Title Adaptive Software Management

Mail Stop Issue Fee

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

ISSUE FEE TRANSMITTAL

Transmitted herewith is an Issue Fee Transmittal (Form PTOL 85b) for the above-identified application.

Also e	nclosed	is:				
		Other:				
Fees:						
	\boxtimes	Issue Fee of \$1400.00 Other Fees: \$18.00 for copies of six (6) additional patents				
	Total fee: \$1418.00					
Payment of Fees:						
		Check No. 9693 in the amount of \$1418.00 for the total fee is attached.				
		Please charge \$ to Deposit Account No. 05-0460 for the total fee. This paper is being submitted in duplicate.				

Respectfully submitted by

EDELL, SHAPIRO & FINNAN, LLC

1

The Commissioner is hereby authorized to charge any additional fees that may be required, and to credit any overpayment, to Deposit Account No. 05-0460.

By:

Dated: May 31, 2006

EDELL, SHAPIRO & FINNAN, LLC CUSTOMER NO. 27896 1901 Research Boulevard, Suite 400 Rockville, MD 20850 (301) 424-3640

D. Andrew Floam Reg. No. 34,597